

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. * TYPE OF SUBMISSION  <input checked="" type="radio"/> Pre-application <input type="radio"/> Application <input type="radio"/> Changed/Corrected Application		2. DATE SUBMITTED 08/13/1967	Applicant Identifier	
		3. DATE RECEIVED BY STATE 08/13/1967	State Application Identifier	
		4. Federal Identifier		
5. APPLICANT INFORMATION				
* Legal Name:				
Department:		Division:		
* Street1:		Street2:		
* City:		County:		* State:
* Country: AFG		* ZIP Code:		
Person to be contacted on matters involving this application				
Prefix:		* First Name:	Middle Name:	* Last Name:
* Phone Number:		Fax Number:		Suffix:
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN): Stringaaa		7. * TYPE OF APPLICANT A: State Government		
8. * TYPE OF APPLICATION: <input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		Other (Specify):  Small Business Organization Type <input checked="" type="radio"/> Women Owned <input checked="" type="radio"/> Socially and Economically Disadvantaged		
If Revision, mark appropriate box(es). <input checked="" type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):		9. * NAME OF FEDERAL AGENCY:		
* Is this application being submitted to other agencies? <input checked="" type="radio"/> Yes <input type="radio"/> No What other Agencies?		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE:		
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)				
13. PROPOSED PROJECT: * Start Date 08/13/1967		* Ending Date 08/13/1967		
		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant    b. * Project		
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION				
Prefix:		* First Name:	Middle Name:	* Last Name:
Position/Title:		* Organization Name:		
Department:		Division:		
* Street1:		Street2:		
* City:		County:		* State:
* Country: AFG		* ZIP Code:		
* Phone Number:		Fax Number:		* Email:

<b>16. ESTIMATED PROJECT FUNDING</b>		<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. * Total Estimated Project Funding      \$0.00		a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. * Total Federal & Non-Federal Funds      \$0.00		DATE: 08/13/1967	
c. * Estimated Program Income      \$0.00		b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR	
		<input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b> <input checked="" type="radio"/> * I agree <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>			
<b>19. Authorized Representative</b>			
Prefix:	* First Name:	Middle Name:	* Last Name:
			Suffix:
* Position/Title:	* Organization Name:		
Department:	Division:		
* Street1:	Street2:		
* City:	County:	* State:	* ZIP Code:
* Country: AFG			
* Phone Number:	Fax Number:	* Email:	
* Signature of Authorized Representative		* Date Signed	
<hr/>		<hr/> 08/13/1967	
<b>20. Pre-application</b> File Name: Mime Type:			